

**Helping Hands of Glenview**

C/O Glenview Senior Center

2400 Chestnut Ave.

Glenview, IL 60026

847 729-8181

**RELEASE INSTRUCTIONS**

It is necessary for **Helping Hands of Glenview** to request each person using our volunteer transportation services to complete the attached form. Once we receive the signed release form, it will remain on file for any further requests for service that you may have. **THERE IS NO FEE FOR OUR TRANSPORTATION SERVICES.**

Please complete and return the form as soon as possible. We look forward to assisting you in the future.

**CONTINUING AND COMPLETE RELEASE FROM ALL LIABILITY FOR TRANSPORTATION AND SERVICES OR ASSISTANCE INCIDENT THERETO**

For, and in consideration of, transportation being sponsored by, or furnished me by, **HELPING HANDS of GLENVIEW**, the undersigned hereby releases **HELPING HANDS of GLENVIEW**, the driver of the vehicle transporting me, and any other person in control of such transportation, or assisting with respect thereto, from any and all liability or other responsibility which might otherwise result from any accident, act, incident, omission or claim of any sort by reason of such transportation, service, or assistance incident thereto. It is intended that this release of liability for damages which might occur is to be construed to be as COMPLETE A RELEASE AS POSSIBLE, IT BEING UNDERSTOOD THAT EXCEPT FOR THIS RELEASE, TRANSPORTATION SERVICE OR ASSISTANCE INCIDENT THERETO WOULD NOT BE FURNISHED. This release covers each and every separate incident of transportation and all transportation during the entire period that the undersigned may be using transportation service or assistance incident thereto furnished or sponsored by Helping Hands of Glenview.

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